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Local / Liaison Counsel for Plaintiff

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Counsel for Plaintiff

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION

REESE LYLE, a consumer residing in
Oregon, individually and on behalf of all
others situated,

Case No. 3:21-cv-01760-AC

Plaintiff,
v.

THE PROCTER & GAMBLE COMPANY,
an Ohio Corporation,

**DECLARATION OF CARL POST;
PROOF OF MAILING**

Defendants.

Carl Post submit the following declaration in connection with the above-captioned matter:

1. I am an attorney representing Plaintiff Reese Lyle in this matter. This declaration is based upon personal knowledge and is submitted as Proof of Mailing, in compliance with O.R.S. § 646.638(2). The complaint was mailed on December 8 and delivered on December 9, 2021.
2. Attached as Exhibit 1 is a true and accurate copy of the Certified Mailing Receipt issued when my office sent a copy of the complaint in this case to the Attorney General of Oregon.
3. Attached as Exhibit 2 is a true and accurate Certified Mail Return Receipt, showing the complaint was delivered to the Office of the Attorney General.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

RESPECTFULLY SUBMITTED this 16 day of December, 2021.

By: *s/ Carl Post*
Carl Post (OSB # 061058)
carlpost@lawofficeofdanielsnyder.com
Law Offices of Daniel Snyder
1000 S.W. Broadway, Suite 2400
Portland, Oregon 97205
Tel: (503) 241-3617
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CERTIFIED MAIL

7013 0600 0002 1624 2499



LAW OFFICES OF DANIEL SNYDER

ATTORNEYS AT LAW
1000 SW BROADWAY, SUITE 2400
PORTLAND, OREGON 97205

Office of the Attorney General of the State of Oregon

Oregon Department of Justice
1152 Court St. NE
Salem, Oregon 97301-4096

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Office of the Attorney General of the State of Oregon

Oregon Department of Justice
1152 Court St. NE

Salem, Oregon 97301-4096



9590 9402 6820 1074 3149 38

2. Article Number (Transfer from service label)

7013 0600 0002 1624 2499

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

Lore

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

<i>Lyle</i>	
SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
<p>1. Article Addressed to:</p> <p><i>Office of the Attorney General of the State of Oregon</i> <i>Oregon Department of Justice</i> <i>1152 Court St. NE</i> <i>Salem, Oregon 97301-4096</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>9590 9402 6820 1074 3149 38</i></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature <input checked="" type="checkbox"/> <i>NMK 101 CIC</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>B. Received by (Printed Name) <i>12/9/21</i></p>	
<p>C. Date of Delivery <i>12/9/21</i></p>	
<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Domestic Return Receipt	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

USPS TRACKING #

PORLAND OR 972



United States
Postal Service

9590 9402 6820 1074 3149 38

• Sender: Please print your name, address, and ZIP+4® in this box.

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Law Office of Daniel Snyder
1000 SW Broadway, Suite 2400
Portland, OR 97205

37205-305400